

Australia: Major hospitals cancel surgeries as they strain under Delta outbreak

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As Sydney's population faces around 300 new daily cases of the COVID-19 Delta variant, actions by major hospitals to cancel surgeries reflect the rapidly rising burden on the public hospital system in Australia's largest city.

Last week the Royal Prince Alfred, St. Vincent's and Liverpool hospitals all suspended category 3 surgeries, considered "non-urgent/elective" by New South Wales (NSW) Health, the state authority responsible for managing Sydney's public system. The measures were required due to an increasing proportion of intensive care unit (ICU) beds being occupied by COVID patients, and a loss of available staff from COVID exposures.

Hospitals in southwest Sydney have been particularly affected, as the working-class region of over one million inhabitants bears the brunt of the current outbreak. As well as Liverpool Hospital, nearby Campbelltown Hospital suspended elective surgeries three weeks ago after hundreds of staff were forced to isolate.

Additionally, Fairfield and Bankstown-Lidcombe hospitals have similarly confronted a loss of 400 healthcare workers, and concerns now exist for the biggest hospital in Sydney's west, Westmead Hospital, which reported a positive case among a member of staff. While the Westmead worker was fully vaccinated, transmission risks mean that 36 other staff have been required to isolate.

NSW Ambulance has been reported to be at breaking point due to the increased workload. Hundreds of paramedics are in isolation. Last week, a lack of available beds resulted in ambulances containing COVID patients ramping outside Westmead Hospital.

The Delta mutant that is driving the outbreak in Sydney, as well as smaller outbreaks throughout Australia, is deadlier and more contagious than previous COVID variants. It is particularly dangerous in Australia because of its disastrous vaccination program. The country has

among the lowest rates of inoculation for the advanced capitalist countries, with many healthcare workers unvaccinated.

By August 8, the NSW outbreak had already caused 28 deaths, including a man in his 20s, and a woman in her 30s, both reported as previously healthy. Due to inadequate protective equipment and a lack of isolation rooms, hospitals are serving as sources of transmission, with tragic consequences. Five deaths were attributed to an outbreak at Liverpool Hospital. One health worker told *SBS news*: "A lot of nurses [are] refusing to go to the COVID wards or just calling in sick, non-stop."

By the same day, 362 COVID-19 patients had been admitted to hospital, with 58 people in intensive care, 24 of whom require ventilation. This already represents a significant strain on existing ICU capacity in the state, which has only 930 beds for a population of over eight million people. As noted by Australian and New Zealand Intensive Care Society vice-president Dr Mark Nicholls in comments to the *Sydney Morning Herald*: "Intensive care is a finite resource, and even under normal circumstances, it's almost full."

ICUs are necessary for managing the sickest patients with life-threatening medical conditions, including (among others) post-surgical patients, victims of traumatic injuries, cancer patients, and organ transplant recipients. Any substantial increase in COVID patients needing ICU beds will divert critical resources from these patients.

Nor is the cancellation of elective procedures a trivial matter. While not required immediately to save a person's life, category 3 surgeries include joint replacements for mobility, eye surgeries to prevent blindness, and even certain cardiac surgeries to prevent heart attacks. As a result of COVID outbreaks in the past 18 months, elective surgery waitlists have already been prolonged. These delays most severely impact the working class, as many cannot afford to pay exorbitant costs for private treatment

and must rely on the increasingly beleaguered public system.

The developing hospital crisis, in what may yet be an early stage in this current outbreak, exposes the criminal character of calls to “live with virus,” championed by the Australian ruling elite. When asked at a media conference about the dangers, NSW Health Minister Brad Hazzard replied “of course” the system was under stress, but claimed it was being managed.

Hazzard sought to blame members of the public “not complying with the public health orders.” No evidence has been provided for allegations of widespread “non-compliance.” However, NSW Chief Medical Officer Kerry Chant admitted that workplaces are the main source of transmissions in Sydney. Those infections are inevitably spread to workers’ families in the highest density working class areas of the western and southwestern suburbs.

Blame can squarely be placed on the Liberal-National Party Coalition state government of Premier Gladys Berejiklian. It has pursued a policy of only limited lockdowns, with the overt support of Prime Minister Scott Morrison, and tacit backing of the opposition parties, Labor and the Greens.

Rejecting hard lockdowns called for by epidemiologists and infectious diseases experts in order to protect business interests, Berejiklian allowed the present outbreak to spread, allowing factories to continue operations and construction work to resume, despite workplaces fuelling community transmission.

The dangerously inadequate lockdown, accompanied by only paltry support for unemployed workers facing financial ruin, has been maintained with the support of the opposition Labor Party and the trade unions, which have joined hands with employers to demand further exemptions from workplace closures.

A similar hospital crisis is developing in Brisbane, the capital of the northern state of Queensland. With just over 100 cases over the past week from its Delta outbreak, the state Labor government of Premier Annastacia Palaszczuk has conceded that the health system is buckling, even as it ends a week-long lockdown with active cases present.

Hundreds of health workers are in self-isolation, including the entire cardiac surgery department at Queensland Children’s Hospital. This is due to the majority of infections being among school children, causing a risk to their parents, many of whom are health workers.

Queensland’s Labor government is aware of the crisis it

has created. In June the Australian Broadcasting Corporation reported that the largest hospital network in Brisbane was forced to cancel elective surgeries for two weeks due to bed shortages, despite no significant COVID outbreaks at the time.

Even before the COVID crisis, public hospitals were at the breaking point, a product of decades of cuts to public healthcare by both Liberal-National and Labor governments. Waiting lists for most category 3 surgeries were one year or greater, and hospitals, particularly in rural and remote regions, were understaffed and underfunded, resulting in a greater number of preventable deaths.

These conditions have sparked stoppages by hospital workers. Last year, nurses and midwives took strike action at Blacktown Hospital, in Sydney’s west, and senior obstetricians threatened mass resignations over serious deficiencies in obstetric services, leading to the avoidable deaths of 4 new-born babies in just 18 months.

In June, hundreds of nurses and midwives in Sydney and across NSW walked off the job over ongoing staff shortages, excessive overtime and lack of clinical staff, as well as the state government’s cap of 1.5 percent on public sector pay increases this year—a real wage cut.

Yet the NSW Nurses and Midwives Association refused to mobilise its 72,000 members across the state in a united struggle, and has instead ensured that industrial action has remained confined to individual hospitals, across different days and for different lengths of time.

Health workers cannot leave their protection, or that of their patients, in the hands of the unions or governments. They must form rank-and-file action committees, independent of the unions, to fight for the necessary safety measures and for the urgent pouring of funds into the public hospital systems.



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